

FEB 21 2002

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167 7590 12/18/2001

FULBRIGHT AND JAWORSKI L L P
PATENT DOCKETING 29TH FLOOR
865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 900172576

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Aide G. Silver

February 21, 2002

EXPRESS MAIL NO. 12101492005

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	LAW FIRM/ATTY. NAME
09/461,938	12/15/1999	SHU-YUAN LIAO	1279-293/099	4463

TITLE OF INVENTION: DIAGNOSTIC METHOD USING EXPRESSION OF MN/CA9 PROTEIN IN AGUS PAP SMEARS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
9	nonprovisional	YES	\$640	\$300	\$940	03/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUNT, JENNIFER ELIZABETH	1642	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

FULBRIGHT & JAWORSKI L.L.P.

1.

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Regents of the University
of California

Oakland, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 51-01317 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

2/18/02

03/04/2002 14100002 00000065 500377 09461938

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